12224

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fenwick
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fenwick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Branson
4. DATE OF DEATH (Month) December (Day) 29 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 17, 1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pomonkey, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Branson
14. MOTHER'S MAIDEN NAME Henrietta Pryor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT George R. Branson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

211x

Antecedent cause(s)

56e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Small Bowel Tumor Non-malignant

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb 21st 1950
19b. MAJOR FINDINGS OF OPERATION Tumor Mass in Small Bowel (ileum)
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1947, to Dec. 29, 1950 that I last saw the deceased alive on Dec. 29, 1950 and that death occurred at 8 30/p m., from the causes and on the date stated above.

SIGNATURE Percival C. Smith (Degree or title) M.D. ADDRESS Indian Head, Md. DATE SIGNED Dec. 29, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/1/51
NAME OF CEMETERY OR CREMATORY Met. Cemetery
LOCATION (City, town, or county) (State) Pomonkey, Md.

DATE REC'D BY LOCAL REG. 12/29/50
REGISTRAR'S SIGNATURE M. E. Ransome
24. FUNERAL DIRECTOR Barnes & Matthews ADDRESS 614-4th, S.W. Wash, D.C.

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1951

12225

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Issue Md
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Issue Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): ~~(First)~~ Last BRAWNER ~~(Middle)~~ MINNIE ~~(Last)~~

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 1950

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-26-79
9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Sales
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chas Co Md
12. CITIZEN OF WHAT COUNTRY: Md

13. FATHER'S NAME: Mathew Ford
14. MOTHER'S MAIDEN NAME: Jessie Colbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jennie Smallwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Breast — INTERVAL BETWEEN ONSET AND DEATH: Heston 11-49

170X

Antecedent cause(s)

50

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical examiner's case, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: C. J. Redelen (Degree or title) M.D. ADDRESS: La Plata Md DATE SIGNED: 12-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 12/16/50
NAME OF CEMETERY OR CREMATORY: Holy Ghost
LOCATION (City, town, or county) (State): Issue Md

DATE REC'D BY LOCAL REG.: 12/14/50
REGISTRAR'S SIGNATURE: Julia H. Pasey
24. FUNERAL DIRECTOR: Hunt & Ryan ADDRESS:

27480

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 18 1950
U.S.A.U.

12226

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH COUNTY: Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berry R.F.D. LENGTH OF STAY (in this place): Waldorf	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. F D Waldorf
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Norma	(Middle) Artavus	(Last) Briscoe	4. DATE OF DEATH	(Month) 12	(Day) 22	(Year) 1950
5. SEX: F	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 10-15-50	9. AGE last birthday: 0 yrs.	If under 1 year Months: 2	Days: 7	If under 24 hrs. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Md.	12. CITIZEN OF WHAT COUNTRY: Chas.				
13. FATHER'S NAME: Lemuel Lawrence Heard	14. MOTHER'S MAIDEN NAME: Ella Louise Briscoe						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: " " "				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation — 12-22-50

924.0 Antecedent cause(s)

182 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Smothered by virtue of being covered

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home	(CITY OR TOWN): Waldorf	(COUNTY): Chas.	(STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 12-22-50 10 A	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? In bed and smothered from covers		

22. I hereby certify that I attended the deceased from medical 19..., to ..., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Redelin	M.D.	La Plata Md.	12-23-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 12/23/50	NAME OF CEMETERY OR CREMATORY: St Peters	LOCATION (City, town, or county): Waldorf	(State): Md
DATE REC'D BY LOCAL REG.: 12/23/50	REGISTRAR'S SIGNATURE: M L Moore	24. FUNERAL DIRECTOR: Hunt Tryon	ADDRESS: Waldorf Md	

400150161403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 27 1950

12227

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural WALDORF
LENGTH OF STAY (In this place) LIFE
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS ROUTE #5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (WALDORF
STREET ADDRESS (If rural, give location) ROUTE #5

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) HAMILTON (Last) BURCH

4. DATE OF DEATH (Month) 12 (Day) 27 (Year) 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 5/22/09

9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME AMBROSE LEE BURCH

14. MOTHER'S MAIDEN NAME MARY EDITH WOOD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS MRS. LILLIAN BURCH (WIFE) WALDORF MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) GUNSHOT WOUND, CHEST (SELF INFLICTED)	SECONDS
976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ULCER, DUODENUM	5 YEARS.
164C	(c) REACTIVE DEPRESSION	10 DAYS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION NONE

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY FARM (CITY OR TOWN) WALDORF (COUNTY) CHARLES (STATE) MARYLAND

TIME OF INJURY (Month) 12 (Day) 27 (Year) 50 (Hour) 11 30 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? PLACED 20 GAUGE SHOTGUN AGAINST LEFT CHEST AND DISCHARGED SAME.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE John H. Griffin, (Degree or title) M.D. ADDRESS HUGHESVILLE, MARYLAND DATE SIGNED 12/27/50

23. BURIAL, CREMATION REMOVAL, (Specify) Burial DATE THEREOF 12/30/50 NAME OF CEMETERY OR CREMATORY St. Marys LOCATION (City, town, or county) Bryantown, Md (State)

DATE REC'D BY LOCAL REG. 12/28/50 REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Huntt & Ryan, Waldorf, Md ADDRESS

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
DEC 30 1950
BUREAU V. R

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12228

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles

City or town Indian Head
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Charles

City or town Indian Head Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Roland James Carpenter

3. (b) Social Security Number

4. Sex: Male

5. Color or race: W-US.

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Nellie H Carpenter

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 9-16-78 79

8. AGE: Years 71 | Months 4 | Days 0 | If less than one day ..... hrs. ..... min.

9. Birthplace: Chas Co Maryland
(Town, county, and state)

10. Usual occupation: Govt. Employee Retired

11. Industry or business: U.S. Govt.

FATHER
12. Name: Francis A Carpenter
13. Birthplace: Maryland

MOTHER
14. Maiden name: Alberta Matilda Hunt
15. Birthplace: Maryland

16. Informant: Geo A. Carpenter Jr.
Address: Indian Head Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 12-20-50 (month) (day) (year)

Cemetery or crematory: Cedar Hill ~~Md~~

Location: Suitland Md

18. Funeral director: Hunt & Ryan
Address: Waldorf Md

19. 12/19/50 19
(Date rec'd by registrar)

Julia H. Pasey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18-50 19 ..., at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-1-50 19 ..., to 12-18-50 19 ..., and that I last saw him alive on 12-18-50 19 ...

Immediate cause of death: Coronary Thrombosis

Due to: Arteriosclerosis

Due to:

Other conditions: None

420.1
94a
(Include pregnancy within 3 months of death)

DURATION: 5 Months

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE James E Amoroso
M. D. or other

Address: Indian Head Md Date signed 12-18-50

RECEIVED
DEC 22 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12229

CERTIFICATE OF DEATH

Reg. Dist. No. 104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) Elizabeth (Last) Cooper

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant | 8. DATE OF BIRTH: 12/25/50 | 9. AGE last birthday: — yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — | 10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theodore Roosevelt Cooper

14. MOTHER'S MAIDEN NAME: Margaret Anne Jupiter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Theodore Roosevelt Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cord twisted around head of infant during delivery	5 minutes
761.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) caused infant to lose breath.	
160c	(c) Suffocation	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Wayside | (COUNTY): Charles | (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — | INJURY OCCURRED While at Work ☐ — Not While At work ☐ | HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 5:10 P.M. Dec 25 1950, to 5:15 P.M. Dec 25 1950, that I last saw the deceased alive on Dec 25, 1950, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. J. Edelen M.D. | ADDRESS: LaPlata Md | DATE SIGNED: 12-26-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/27/50 | NAME OF CEMETERY OR CREMATORY: Shiloh Cemetery | LOCATION (City, town, or county) (State): Wayside, Md

DATE REC'D BY LOCAL REG.: 12/26/50 | REGISTRAR'S SIGNATURE: William J. Rees | 24. FUNERAL DIRECTOR: Theodore Roosevelt Cooper | ADDRESS: —

VS. A15

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DEC 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

12230

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105 106

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.N.P.F. Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Sotol (Last) Duffy
4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Separated
8. DATE OF BIRTH: 12-24-95
9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Powder Factory
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James N. Duffy
14. MOTHER'S MAIDEN NAME: Bridgett Josephine McCaul O'Neill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War I (dates not known)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Rose Regina Lochte, Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	15 min.
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Not Known	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frantz G. Susan (Degree or title) Lt. | ADDRESS: Indian Head, Md | DATE SIGNED: 12-22-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec 26 1950 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 12-22-50 | REGISTRAR'S SIGNATURE: M. L. Howard Odey Price

24. FUNERAL DIRECTOR: Hunt & Ryon, Waldorf, Md. | ADDRESS

31497

VS. A15A

RECEIVED
JAN 9 1951
KEAU V. S

12231

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Issue — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: Chad
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Issue Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) FERGUSON, (Middle) CHARLES (Last) ADRIAN
4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 1950
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8-6-79
9. AGE last birthday: 71 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Mlo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland Chas C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Ferguson
14. MOTHER'S MAIDEN NAME: Mary Emily Burroughs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mary Alice Joyce

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 11-20-50

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 6-10-48

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10, 1950, to 12-15, 1950, that I last saw the deceased alive on 12-15, 1950, and that death occurred at 8:15 p m., from the causes and on the date stated above.

SIGNATURE: C. J. Edelen — (Degree or title): M.D. — ADDRESS: La Plata, Md — DATE SIGNED: 12-18-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/20/50 — NAME OF CEMETERY OR CREMATORY: Holy Ghost — LOCATION (City, town, or county) (State): Issue Md

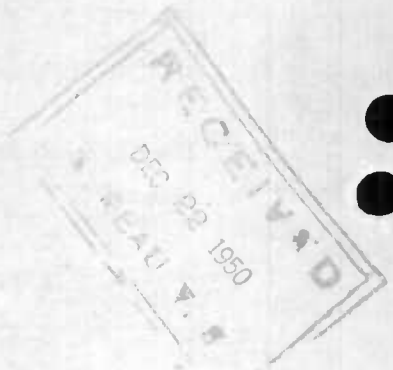
DATE REC'D BY LOCAL REG.: 12/19/50 — REGISTRAR'S SIGNATURE: Julia H. Pasey — 24. FUNERAL DIRECTOR: Hunt & Lyon — ADDRESS: Waldorf Md

866VV

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING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DEC 22 1950
BEAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12232

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (Federalsburg) Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Gduit

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 7-26-66 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Own Farm | 11. BIRTHPLACE (State or foreign country): Rossburg Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua Gduit | 14. MOTHER'S MAIDEN NAME: Nancissus Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT: Mrs Bessie Hankins (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Cerebral Thrombosis	1 wk.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	10 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None.	

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec. 6, 1950, that I last saw the deceased alive on Dec. 6, 1950, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank G. Susan M.D. | Indian Head. Md | 12-6-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Dec 8-50 | NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery | LOCATION (City, town, or county) Federalsburg | (State) Md.

DATE REC'D BY LOCAL REG. 12.6.50 | REGISTRAR'S SIGNATURE M. L. Thomas Jr. Deputy Clerk | 24. FUNERAL DIRECTOR Hunt & Mason | ADDRESS Waldorf. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12233

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Doris (Middle) Charlene (Last) Gross

4. DATE OF DEATH (Month) Dec. (Day) 13 (Year) 1950

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH May 20, 1950

9. AGE last birthday yrs. If under 1 year Months 6 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) La Plata, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Gross

14. MOTHER'S MAIDEN NAME Doris Jean Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Charles Gross, Hughesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxiation by aspiration	20 min.
921.0 Antecedent cause(s)		
195d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) diarrhea	36 hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) Chas(?) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Dec., 1950, to 13 Dec., 1950, that I last saw the deceased alive on 13 Dec., 1950, and that death occurred at 10 20 p.m., from the causes and on the date stated above.

SIGNATURE A. Woodd[illegible] (Degree or title) MD ADDRESS La Plata, Md. DATE SIGNED 13 Dec 50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 12/14/50 — NAME OF CEMETERY OR CREMATORY St. Marys — LOCATION (City, town, or county) (State) Bryantown, Md

DATE REC'D BY LOCAL REG. 12/14/50 — REGISTRAR'S SIGNATURE Julia H. Pasey — 24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md ADDRESS

2-0-5-20-0-21-1-30-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12234

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY CHARLES; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA; LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL, LA PLATA, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BENEDICT
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) MAY (LEONARD) (Last) HOWARD

4. DATE OF DEATH: (Month) DECEMBER (Day) 11 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12/22/1875

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): WASH. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. WALKER

14. MOTHER'S MAIDEN NAME: ANNA I. VADEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. LOUISE HORNING, 4616 - R.ST. KENILWORTH MP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HYPERTENSIVE CARDIO-VASCULAR DISEASE (CARDIAC FAILURE) — 2 DAYS

Antecedent cause(s) 443X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932 (b) GENERALIZED ARTERIO-SCLEROSIS — 10 YEARS.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGUST, 1949, to DEC. 11, 1950, that I last saw the deceased alive on DECEMBER 11, 1950, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Griffin, M.D. Hughesville, Maryland. 12/11/50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 12/12/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) WASHINGTON D.C.

DATE REC'D BY LOCAL REG. 12/13/50 REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR ADDRESS W. W. Chambers Co. 517-11th St. S.E. Wash. D.C.

RECEIVED
DEC 14 1950
BUREAU V.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12235

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 62
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles.
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Laura Alice Jansen. | **3.(b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: Christian Jansen
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Apr. 8 1882

8. AGE: Years 68 | Months 8 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Annapolis (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Geo. W. Bollman.
13. Birthplace: Baltimore, Md.

MOTHER 14. Maiden name: Laura Jane Cassidy.
15. Birthplace: Annapolis Md.

16. Informant: Barbara Nairn.
Address: Indian Head. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 28 1950 (month) (day) (year)
Cemetery or crematory: Bumpy Oak
Location: Pomonkey. Md.
18. Funeral director: Hunt & Ryon
Address: Waldorf Md

19. 12/27 1950 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 26 1950, at 7 10 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1938, to Dec 1950
and that I last saw h alive on Dec 5, 1950

Immediate cause of death	DURATION
a. Cardiac Failure	
Due to: Cardio-vascular renal disease	
Due to:	
Other conditions: 442x	

(Include pregnancy within 3 months of death)
131a
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell M.D. M. D. or other
Address: Waldorf Md Date signed: Dec 27 1950

RECEIVED
JAN 9 1951
MEAD, W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12236

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alvin (Middle) Eugene (Last) Langley
4. DATE OF DEATH: (Month) Dec. (Day) 11 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 23, 1874
9. AGE last birthday: 76 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer retired
10b. KIND OF BUSINESS OR INDUSTRY: Ref.
11. BIRTHPLACE (State or foreign country): Chas. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ~~Unknown~~ William Langley
14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Eliza Actow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. A. C. Willett, Pomfret, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of Colon — 6-10-50

153X Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11, 19 50, to 12-11, 19 50, that I last saw the deceased alive on 12-11, 19 50, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 12-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 12/15/50 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland, Md

DATE REC'D BY LOCAL REG. 12/12/50 | REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR: Hunth + Ryon, Waldorf, Md ADDRESS

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RECEIVED
DEC 14 1950
BUREAU V. S.

12237

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wayside — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Wayside — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Briscoe (Middle) Meredith (Last)
4. DATE OF DEATH (Month) Dec (Day) 18 (Year) 1950
5. SEX: M
6. COLOR OR RACE: N
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH: April 28 1873
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer hand & tent
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Colbert Meredith
14. MOTHER'S MAIDEN NAME: Eleanor Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Eleanor Thomas Wayside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEBERAL HEMORRHAGE — 1 DAY

331X Antecedent cause(s) (b) ARTEROSCLEROSIS — 5 yrs

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1945, to DEC 18, 1950, that I last saw the deceased alive on DEC 18, 1950, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE: Ernest Spencer (Degree or title) J. M. D. — ADDRESS: Bel Alton Maryland — DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE: 12/22/50 — NAME OF CEMETERY OR CREMATORY: Shilo M.E. — LOCATION (City, town, or county) (State): Newburg Md

DATE REC'D BY LOCAL REG.: 12/19/50 — REGISTRAR'S SIGNATURE: Julia H Pasey — 24. FUNERAL DIRECTOR: Hurtt & Ryan — ADDRESS: Waldorf 866 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12238

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicamuxen
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicamuxen Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) ELIZABETH (Last) PRICE
4. DATE OF DEATH (Month) 12 (Day) 17 (Year) 1950

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 1 – 63
9. AGE last birthday 87 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Charles Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Mandu
14. MOTHER'S MAIDEN NAME Ann Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Eva Coats.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	12-15-50
Antecedent cause(s)	(b) Gen Art. Sclerosis	—
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical 19 Examiner's 19 Case, ~~that I last saw~~ the deceased alive on ..... 19....., and that death occurred at 12-17-50 m., from the causes and on the date stated above.

SIGNATURE J. J. Redelen (Degree or title) M.D. ADDRESS La Plata DATE SIGNED 12-18-50

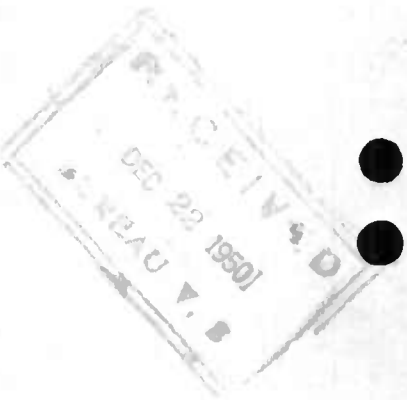
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/20/50
NAME OF CEMETERY OR CREMATORY Alexander Cuntry
LOCATION (City, town, or county) Chicamuxen Md (State)

DATE REC'D BY LOCAL REG. 12/19/50
REGISTRAR'S SIGNATURE Julia H. Casey
24. FUNERAL DIRECTOR Hewitt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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DEC 22 1950
BUREAU V. S.

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VS A15 9-45-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12239

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Bryans Road (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Bryans Road (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: George Reinfels

3. (b) Social Security Number

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Annie Reinfels

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feb. 20, 1867

8. AGE: Years: 83 Months: 10 Days: — If less than one day ... hrs. ... min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: Blacksmith

11. Industry or business: —

FATHER

12. Name: George Reinfels

13. Birthplace: Baltimore Md

MOTHER

14. Maiden name: Barbara Sieergensary

15. Birthplace: Unknown

16. Informant: Mary C. Spooner.

Address: Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 22 1950 (month) (day) (year)

Cemetery or crematory: St Charles.

Location: Plymouth, Md.

18. Funeral director: Hunt & Ryon.

Address: Waldorf Md.

19. Dec. 21 1950 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 20 1950 at 4a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1950, to ... 19...

and that I last saw him alive on Nov 26 1950

Immediate cause of death: Cardiovascular disease

DURATION

Due to

Due to

Other conditions: 442x 131a (Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: George C. Bicknell MD M. D. or other

Address: Marbury Md Date signed: Dec 20 50

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains Md — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Milbert (Middle) (Last) Shorter

4. DATE OF DEATH (Month) (Day) (Year) 12 - 30 1950

5. SEX N

6. COLOR OR RACE C

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED (Specify)

8. DATE OF BIRTH 12-15-86

9. AGE last birthday 64 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) Charles Co

12. CITIZEN OF WHAT COUNTRY? Md

13. FATHER'S NAME Toby Shorter

14. MOTHER'S MAIDEN NAME Lucy Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Lavenia Shorter Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	9-10-50
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	12-29-50
93d	(c)	??

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical, 19 to 12-30-50, 19 Expiring Case, that I last saw the deceased alive on 19, and that death occurred at 8 30 m., from the causes and on the date stated above.

SIGNATURE R. Redden (Degree or title) M-D — ADDRESS La Plata Md — DATE SIGNED 12-31-50 Md.

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) — DATE THEREOF 1-3-51 — NAME OF CEMETERY OR CREMATORY St Joseph — LOCATION (City, town, or county) Bowfrit (State) Md

DATE REC'D BY LOCAL REG. 1-2-51 — REGISTRAR'S SIGNATURE M. L. Monroe — 24. FUNERAL DIRECTOR Hunt & Lyon Waldorf Md — ADDRESS

866 VII

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 3 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12241

Reg. Dist. No. 105

1. PLACE OF DEATH:

County Charles

City or town Waldoy Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Chas

City or town Waldoy Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Kathleen Thompson

3. (b) Social Security Number

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife John

6.(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug 21-1906

8. AGE: Years 44 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace St Marys Co
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Self

FATHER
12. Name John W Thompson
13. Birthplace St Marys Co Md

MOTHER
14. Maiden name Elizabeth Bowes
15. Birthplace St Marys Co

16. Informant John N. Thompson
Address Waldoy Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 12-4-50
(month) (day) (year)

Cemetery or crematory St Peters

Location Waldoy Md

18. Funeral director Hewitt & Wyan
Address Waldoy Md

19. 12-4 1950 M. L. Moore
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec-2 1950, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July-1947 19..., to 12/2 1950

and that I last saw h... alive on 12/1 1950

Immediate cause of death Carcinomatosis

Due to Cancer Breast

Due to

Other conditions 170X 50
(Include pregnancy within 3 months of death)

DURATION Years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fr. D. Weber M.D.
M. D. or other

Address Waldoy Md Date signed 12/5/50

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
DEC 6 1950
BUREAU U. S

12242

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Nanjemoy
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Nanjemoy
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Leeander (Middle) Thomas (Last) Wright
4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 18, 1925
9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nanjemoy Md
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Halley Wright
14. MOTHER'S MAIDEN NAME: Ola Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Halley Wright, Nanjemoy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide Poisoning — 12-6-50

891.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

178B (c) Fumes from auto exhaust — 12-6-50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Road — (CITY OR TOWN): Nanjemoy — (COUNTY): Chas — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Not M.V.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. Hedelen (Degree or title) M.D. — ADDRESS: La Plata Md. — DATE SIGNED: 12-9-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-9-50 — NAME OF CEMETERY OR CREMATORY: Nanjemoy Baptist — LOCATION (City, town, or county): Nanjemoy, Md (State)
DATE REC'D BY LOCAL REG.: 12/9/50 — REGISTRAR'S SIGNATURE: Julia H. Casey
24. FUNERAL DIRECTOR: Huntt & Ryon, Waldorf — ADDRESS: Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 14 1950
BUREAU OF

~~Birth~~ * Death

12243

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 116

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution 405 Henry St.

Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 405 Henry St
(If RURAL give LOCATION)

3. Name of child Judith Gladys Anderson

4. Date of birth Dec 1 1950 Hour 9:45 P M.

5. Sex Female | 6. Twin or triplet

7. No. of weeks pregnancy 21

FATHER OF CHILD

8. Full name Alonza M. Anderson

9. Color White 10. Age at time of this birth 23 yrs.

11. Usual occupation Radio Repairman

MOTHER OF CHILD

12. Full maiden name Nancy Mills

13. Color White 14. Age at time of this birth 23 yrs.

15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 4
(b) How many other children were born alive but are now dead? None (c) How many other children were *born* dead? 1

17. Did child die before labor? 15 During labor?

18. Pregnancy, complications of

19. Labor: (a) Complications of
(b) Induced?

20. (a) Was there an operation for delivery? (Yes or No)
(b) State all operations, if any
(c) Did child die before operation?
During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes Premature
(b) Maternal causes ?

776×

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

159

Signature Hugh Brown MD
(Specify if M. D., midwife, or other)

Address Cambridge Md

23. (a) Burial (Burial, cremation or removal) (b) Date thereof Dec 2-1950 (month) (day) (year)
(c) Cemetery or crematory Cambridge

24. (a) Funeral director Kenneth R. Hearne
(b) Address Cambridge Md.

25. (a) 12-4-50 (Date rec'd by registrar) (b) John Mace, Jr., M.D. (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

M

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Birth & Death Child lived 1 hour

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V. S. A10

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DEC 8 1950
BUREAU T. S